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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

| 1 (a) Nam                                   |  |                        |                  |            |   |                   |                  |             |              |      |  |
|---|--|------------------------|------------------|------------|---|-------------------|------------------|-------------|--------------|------|--|
| ` '   | ne of Candidate (in full)  |                        |                  |            |   |                   |                  |             |              |      |  |
|   | kie Walorski Swihart   |                        | 16 - J.J.        |            |   | 10.0- "11         | -1- FEO.11       | 4! N        |              |      |  |
|   | ress (number and street)<br>555 County Road 3  | if address c           | nanged           |            | Candidate's FEC Identification Number     H0IN02190 |                   |                  |             |              |      |  |
| (c) City,                                   | State, and ZIP Code  |                        |                  |            |   | 3. Is This        | New              |             | <b>\</b>     | nded |  |
| Elk   | hart   |                        | IN               | 46517      | ,   | Stateme           | ent (N)          | OR          | <b>X</b> (A) |      |  |
| 4. Party At                                 | ffiliation   | 5. Office Sought       |                  |            | 6. State & Dist                                     |                   | ate              |             |              |      |  |
| REPUI                                       | BLICAN PARTY   | House                  |                  |            | IN  | 02                |                  |             |              |      |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE |  |                        |                  |            |   |                   |                  |             |              |      |  |
| 7. I hereby                                 | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) |                        |                  |            |   |                   |                  |             |              |      |  |
| NOTE:                                       | This designation should be   | filed with the appropr | riate office lis | sted in th | e instructions.                                     |                   |                  |             |              |      |  |
| (a) Nam                                     | ne of Committee (in full)  |                        |                  |            |   |                   |                  |             |              |      |  |
| W   | alorski for Congre   | ess, Inc.              |                  |            |   |                   |                  |             |              |      |  |
| (b) Add                                     | ress (number and street)   |                        |                  |            |   |                   |                  |             |              |      |  |
|   | Box 954  |                        |                  |            |   |                   |                  |             |              |      |  |
| (c) City,                                   | State, and ZIP Code  |                        |                  |            |   |                   |                  |             |              |      |  |
| М   | ishawaka   |                        |                  |            | IN  | 46546-            | 0954             |             |              |      |  |
| candida                                     | / authorize the following naracy.  This designation should be  | ned committee, whic    | h is NOT my      | / principa |   | ,                 | eive and exper   | nd funds or | behalf of    | my   |  |
| (a) Nam                                     | ne of Committee (in full)  |                        |                  |            |   |                   |                  |             |              |      |  |
| ` '   | atriot Day I   |                        |                  |            |   |                   |                  |             |              |      |  |
|   |  |                        |                  |            |   |                   |                  |             |              |      |  |
|   | ress (number and street)   |                        |                  |            |   |                   |                  |             |              |      |  |
|   | ress (number and street)   |                        |                  |            |   |                   |                  |             |              |      |  |
|   | ress (number and street)   |                        |                  |            |   |                   |                  |             |              |      |  |
| (c) City,                                   | ress (number and street)<br>S S Washington St  |                        |                  |            | VA  | 22314             |                  |             |              |      |  |
| (c) City,                                   | ress (number and street) S Washington St State, and ZIP Code exandria  |                        |                  |            |   |                   |                  |             |              |      |  |
| (c) City,                                   | ress (number and street) S Washington St State, and ZIP Code exandria  | nmined this Statemer   | nt and to the    | best of n  |   | nd belief it is t | true, correct an | d complete  |              |      |  |
| (c) City, Ale                               | ress (number and street) S Washington St  State, and ZIP Code exandria  I certify that I have exact                              | nmined this Statemer   | nt and to the    | best of n  |   |                   | true, correct an | d complete  |              |      |  |
| (c) City,                                   | ress (number and street) S Washington St  State, and ZIP Code exandria  I certify that I have exact                              | nmined this Statemer   | nt and to the    |            |   | nd belief it is t |                  | d complete  |              |      |  |
| (c) City, Ale Signature Jackie Wal          | ress (number and street) S Washington St  State, and ZIP Code exandria  I certify that I have exact                              |                        |                  | [Electr    | ny knowledge a                                      | Date<br>07/06/201 | 3                |             |              |      |  |
| (c) City, Ale Signature Jackie Wal          | ress (number and street) S Washington St  State, and ZIP Code exandria  I certify that I have exa of Candidate                   |                        |                  | [Electr    | ny knowledge a                                      | Date<br>07/06/201 | 3                |             |              |      |  |
| (c) City, Ale Signature Jackie Wal          | ress (number and street) S Washington St  State, and ZIP Code exandria  I certify that I have exa of Candidate                   |                        |                  | [Electr    | ny knowledge a                                      | Date<br>07/06/201 | 3                |             |              |      |  |

FEC FORM 2 (REV. 02/2009)

(c) City, State and ZIP Code

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ ADDITIONAL ] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Freshman Hold'Em JFC (b) Address (number and street) 209 Pennsylvania Ave SE Suite 2109 (c) City, State and ZIP Code DC 20003 Washington [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)